

**FILED**

FEB 07 2008

FEB 07 2008 *all*

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISMICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITNelson L. Bryant

Plaintiff

v.

Julie J. McBride

Defendant(s)

08CV817

JUDGE ST EVE

MAGISTRATE JUDGE NOLAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Nelson L. Bryant, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other N/A) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/~~petition~~. In support of this petition/~~motion~~/motion/~~complaint~~, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
 I.D. # K-50623 Name of prison or jail: Pontiac Correctional Center  
 Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: \$10.00 per Month
2. Are you currently employed? ☐ Yes ☒ No  
 Monthly salary or wages: No  
 Name and address of employer: N/A
  - a. If the answer is "No":  
 Date of last employment: N/A  
 Monthly salary or wages: N/A  
 Name and address of last employer: N/A
  - b. Are you married? ☐ Yes ☒ No  
 Spouse's monthly salary or wages: N/A  
 Name and address of employer: N/A
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or (No), and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
 Amount N/A Received by N/A

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: N/A  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: N/A  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-14-2007

Nelson L. Bryant  
Signature of Applicant

NELSON L. Bryant  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Nelson L. Bryant, ID # K-50623, has the sum of \$ .20 on account to his/her credit at (name of institution) Pontiac Correctional Center.

I further certify that the applicant has the following securities to his/~~her~~ credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 46.77.

(Add all deposits from all sources and then divide by number of months).

11/29/07

DATE

Janet Jones  
SIGNATURE OF AUTHORIZED OFFICER

JANET JONES  
(Print name)

Date: 11/29/2007

Time: 9:42am

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## Pontiac Correctional Center

## Trust Fund

## Inmate Transaction Statement

REPORT CRITERIA - Date: 05/29/2007 thru End; Inmate: K50623; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print  
 Balance Errors Only ? : No

Inmate: K50623 Bryant, Nelson L.

Housing Unit: PON-SP-03-34

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							0.27
06/07/07	Payroll	20 Payroll Adjustment	158120		P/R month of 05/2007	43.20	43.47
06/07/07	Mail Room	01 MO/Checks (Not Held)	158262	08716214886	Briggs, Glenda	40.00	83.47
06/11/07	Point of Sale	60 Commissary	162731	245869	Commissary	-22.63	60.84
06/14/07	Disbursements	80 Postage	165320	Chk #63453	510503, Pitney Bowes Bank, Inc, Inv. Date: 06/14/2007	-.58	60.26
06/18/07	Point of Sale	60 Commissary	169703	246705	Commissary	-59.91	.36
07/13/07	Payroll	20 Payroll Adjustment	194120		P/R month of 06/2007	43.20	43.55
07/13/07	Disbursements	90 Medical Co-Pay	194320	Chk #63672	511244, DOC: 523 Fund Reimburs, Inv. Date: 06/25/2007	-2.00	41.55
07/13/07	Disbursements	81 Legal Postage	194320	Chk #63713	512469, Pitney Bowes Bank, Inc, Inv. Date: 07/10/2007	-.41	41.14
07/13/07	Disbursements	81 Legal Postage	194320	Chk #63713	512105, Pitney Bowes Bank, Inc, Inv. Date: 07/05/2007	-.80	40.34
07/13/07	AP Correction	88 Cannon Ribbons	194520	Chk #62274 Voided	03/15/07 - Atoztoner	57.25	97.59
07/16/07	Point of Sale	60 Commissary	197703	248681	Commissary	-83.12	14.47
07/23/07	Point of Sale	60 Commissary	204703	249409	Commissary	-13.50	.97
08/13/07	Payroll	20 Payroll Adjustment	225120		P/R month of 07/2007	43.20	44.17
08/13/07	Point of Sale	60 Commissary	225774	250784	Commissary	-26.19	17.98
08/15/07	Disbursements	80 Postage	227320	Chk #64057	513238, Pitney Bowes Bank, Inc, Inv. Date: 07/19/2007	-.80	17.18
08/20/07	Point of Sale	60 Commissary	232731	251493	Commissary	-5.12	12.06
08/28/07	Point of Sale	60 Commissary	240731	252192	Commissary	-9.93	2.13
09/05/07	Point of Sale	60 Commissary	248731	252661	Commissary	-1.97	.16
09/06/07	Mail Room	01 MO/Checks (Not Held)	249225	8823	Grievance	1.02	1.18
09/12/07	Mail Room	01 MO/Checks (Not Held)	255262	R100711408776	Tanner, Elizabeth	30.00	31.18
09/12/07	Payroll	20 Payroll Adjustment	255120		P/R month of 08/2007	10.00	41.18
09/13/07	Disbursements	90 Medical Co-Pay	256320	Chk #64308	517582, DOC: 523 Fund Reimburs, Inv. Date: 09/11/2007	-2.00	39.18
09/17/07	Point of Sale	60 Commissary	260731	253433	Commissary	-27.81	11.37
09/25/07	Point of Sale	60 Commissary	268753	254122	Commissary	-10.09	1.28
10/05/07	Payroll	20 Payroll Adjustment	278120		P/R month of 09/2007	10.00	11.28
10/11/07	Point of Sale	60 Commissary	284731	255469	Commissary	-9.71	1.57
10/29/07	Mail Room	01 MO/Checks (Not Held)	302262	8786138850	Miller, Deloris	50.00	51.57
10/30/07	Point of Sale	60 Commissary	303731	257128	Commissary	-42.48	9.09
11/05/07	Point of Sale	60 Commissary	309767	257298	Commissary	-7.87	1.22
11/08/07	Payroll	20 Payroll Adjustment	312120		P/R month of 10/2007	10.00	11.22
11/14/07	Point of Sale	60 Commissary	318703	258165	Commissary	-11.02	.20

Total Inmate Funds: .20

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: .20

Total Furloughs: .00

Total Voluntary Restitutions: .00